

MEMORANDUM FOR All Flight surgeons

RE: BLUF NOTES, Dec 2006-Feb 2007 (**UPDATED—see bold**)

1. ATB Changes/Updates
 - a. No New changes or Updates yet, but closer than last update. Check AERO and USAAMA Homepage regularly to stay current.
2. APL Updates/New APL's
 - a. Ophthalmology Chapter 2007 is posted. Please review and understand changes and revisions to required information and work-up. Any confusion or uncertainty, please inform USAAMA. **A separate summary of Chapter changes will be coming soon. See below for a cut-and-paste verbiage for submissions of CRS info.**
 - b. Cardiology Chapter 2007 is under Consultant review and then will be further cleaned and edited prior to posting. Neurology, Urology, and Pulmonary are also moving forward. Dermatology has been reviewed and pending edits and updating. The rest will follow along. Hopefully the whole book will be reviewed, edited, and posted before the summer flight surgeon course.
 - c. Email thoughts, updates, or pertinent policy suggestions (such as do we need to continue having this condition as a waiver or could we move to Information Only, such as ACL repair) to aama@amedd.army.mil. Flights surgeons are doing an excellent job in caring for aviators and following the information required guidelines. Keep on following the guide.
3. News and Information
 - a. **Backlog News**: The backlog for AMS is quite minimal and holding that way. If you have a case that needs attention, as always, call, fax, email us at AAMA and will be glad to assist.
 - b. **ROTC Physicals**: ROTC Camp is fast approaching. If near a college or university, try to engage and assist the program to get Class 1's done on potential graduates.
 - c. **AERO Usage**: AERO is proving itself day-after-day as a great, effective system. More enhancements and work our progressing and in the plan over the rest of this year and beyond. Our sister service colleagues are gaining interest and experience—whenever able to, take the time to show our sister services and assist them in obtaining an AERO account.
 - d. **Facility Tracking and Submission**: These tools have been made available for local facility management and tracking. With more inputting the proper UIC, AAMA will be able to add UIC Tracking and Submission.
 - e. **Class 2 Contractor Pilots**: AR 40-501, 4-2b(4), Jan 2007, opened this group to the option of FAA Class 2 or Army Class 2 flight physicals.

- f. **Fort Rucker SERE:** Flight students will be moving through **SERE-C** course before proceeding to Flight training. SERE uses the Class 1 physical for the pre-course medical clearance. Currently Class 1's do not require 2 items that are standard requirements for SERE training. **In discussion with Dean, JSOMTC, a digital rectal and stool guaiac will not be required provided visual inspection and hematocrit or hemoglobin are annotated. AERO has been updated so Block #40 remarks on DD2808 will have populated with the statement, "Not afraid of confined spaces or dark places."**
- g. **Civilian Waiver Authorities:** Remember, for DACs and contractors, insure USAAMA has the name and contact info to send the generated letter for waiver or suspension. Please provide
- h. **More requests/tips from AAMA production/review staff:**
 - i. Paper FDMEs—failure to use AERO is still creating wasted time and energy, with many (>40%) being returned incomplete or with data/information out of standards. Use AERO—it saves time.
 - ii. Annual Waiver Requirements—failing to address all of the AWRs is a major reason for return. With aviators on waivers, even Information Only AWRs, these must be addressed annually.
 - iii. Patient History, Form 2807 and DA4497—lack of Flight surgeon comment on declared history elements or medications currently taking that are not approvable, some Class 4 medications even, is an embarrassing reason to return for further information and often an Aeromedical Summary. **AERO change package now points the flight surgeon to clearing the 2807 prior to submission.**
 - iv. Hearing Loss/Shift—these need a complete audiology consult to update and reset baselines on existing Hearing Loss waivers. Each ear speech recognition testing (SRT) and with decibels and score is necessary for the AMS. Use AERO page 4 of the Form 2808.
 - v. Corneal Refractive Surgery—AAMA made this an "Info Only" process, provided all of the information required is submitted. It is surprising how often this information is missing.
 - vi. Civilian ATCs—currently these ATCs require Class 4 FDME to OPM standards. Review the ATB on Civilian ATCs and make note. AERO development will be working on reconfiguring Class 4 FDMEs to differentiate military from civilian/contractors in an upcoming change package.
 - vii. Last year, I mentioned that referencing AHLTA in the AMS for the details was perfectly acceptable. What is happening of the interim is that only "see AHLTA" is being annotated without a brief 1-2 sentence summary of what is in AHLTA for data entry and coding.
 - viii. Along the AHLTA line above, AMSs are having consults referenced but no summary. This is especially important for consults outside of the MTF.

4. POC is the Director, USAAMA, director@amedd.army.mil.

Cut and Paste Verbiage for CRS (until designed in AERO):

Pre-operative refraction:

OD:

OS:

Type of procedure:

Date(s) of procedure:

Post-op Measurement results (≥ 3 mos, applicants/ ≥ 6 wks aircrew, 3rd measurement only):

Refraction (Cycloplegic for Class 1, Manifest for all others):

OD:

OS:

IOPs:

OD:

OS:

Visual Acuity:

OD:

OS:

Slit Lamp Examination (0=none, 1=trace, 2=mild... to 4=marked):

OD:

OS:

Corneal Topography (post-operative):

Low-Contrast Sensitivity Testing (5% contrast or other approved):

OD:

OS: